jc923 U.S. PTO
03/30/01

Please type a plus sign (+) inside this box → [+]

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	
First Inventor or Application Identifier	J. T. LIN
Title	Method & Apparatus of Presbyopia Correction using Intraocular & Infrared Laser
Express Mail Label No.	EL 827349417861 FedEx.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. [X] * Fee Transmittal Form *(e.g., PTO/SB/17)* *(Submit an original and a duplicate for fee processing)*
2. [X] Specification [Total Pages 10] *(preferred arrangement set forth below)*
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. [X] Drawing(s) *(35 U.S.C. 113)* [Total Sheets 2]
4. Oath or Declaration [Total Pages 3]
 a. [X] Newly executed (original or copy)
 b. [] Copy from a prior application (37 C.F.R. § 1.63(d)) *(for continuation/divisional with Box 16 completed)*
 i. [] DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

5. [] Microfiche Computer Program *(Appendix)*
6. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
 a. [] Computer Readable Copy
 b. [] Paper Copy (identical to computer copy)
 c. [] Statement verifying identity of above copies

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03/30/01

ACCOMPANYING APPLICATION PARTS

7. [] Assignment Papers (cover sheet & document(s))
8. [] 37 C.F.R.§3.73(b) Statement *(when there is an assignee)* [] Power of Attorney
9. [] English Translation Document *(if applicable)*
10. [] Information Disclosure Statement (IDS)/PTO-1449 [] Copies of IDS Citations
11. [] Preliminary Amendment
12. [] Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
13. [X] * Small Entity Statement(s) *(PTO/SB/09-12)* [] Statement filed in prior application, Status still proper and desired
14. [] Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
15. [] Other:

16. If a CONTINUING APPLICATION, *check appropriate box, and supply the requisite information below and in a preliminary amendment:*
 [] Continuation [] Divisional [X] Continuation-in-part (CIP) of prior application No: 09/303,673
 Prior application information: Examiner A. FARAH Group / Art Unit: 3739

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

[] Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or [X] Correspondence address below

Name	J. T. LIN				
Address	4532 Old Carriage Trail				
City	Oviedo	State	FL	Zip Code	32765
Country	USA	Telephone	407-482-4555	Fax	407-482-0505

Name (Print/Type)		Registration No. (Attorney/Agent)	
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (12/99)
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT ($) 475

Complete if Known	
Application Number	
Filing Date	
First Named Inventor	J. T. LIN
Examiner Name	A. FARAH
Group / Art Unit	3739
Attorney Docket No.	

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number:

Deposit Account Name:

☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ **Payment Enclosed:** ☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	345
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) ($) 345

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below	Fee Paid
Total Claims	17	-20** = 0	X		= 0
Independent Claims		- 3** =	X		=
Multiple Dependent					=

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) ($) 0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	$130
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) ($)

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	J. T. LIN	Registration No. (Attorney/Agent)		Telephone	407-682-4555
Signature				Date	03/29/01

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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J1002 U.S. PTO
09/820832
03/30/01

In the United States Patent and Trademark Office

Serial Number: Continuation-in-part for Ser. No. 09/303,673
Appn. Filed: 03/29/01
Applicant(s): J.T. Lin
Appn. Title: Method & Apparatus of Presbyopia Correction using ultraviolet & infrared lasers
Examiner/GAU: A. Parah. / 3739
Mailed: March 29, 2001
At: Orlando, FL

Petition to Make Special

Commissioner for Patents
Washington, District of Columbia 20231

Sir:

Applicant hereby respectfully petitions that the above application be made special under MPEP Sec. 708.02 for the following reason; attached is a declaration in support thereof:

I. ☒ Manufacturer Available;*
II. ☐ Infringement Exists;*
III. ☐ Applicant's Health Is Poor;
IV. ☐ Applicant's Age Is 65 or Greater;
V. ☐ Environmental Quality Will Be Enhanced;
VI. ☐ Energy Savings Will Result;
VII. ☐ Recombinant DNA Is Involved;*
VIII. ☐ Special Procedure: Search Was Made;*
IX. ☐ Superconductivity Is Advanced;
X. ☐ Relates to HIV/AIDS or Cancer.*
XI. ☐ Counters Terrorism*

*☒ Also attached, since reason I, II, VII, VIII, X or XI has been checked, is the $ 130 Petition Fee pursuant to Rules 102 and 17(i).

Very respectfully,

Applicant(s): J.T. Lin

Attachment(s): Fee if indicated and supporting Declaration

c/o:

Telephone:

Certificate of Mailing

Fed.Ex. No. 827 3449 4786 1

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Commissioner for Patents, Washington, DC 20231" on the date below.

Date: 2001 March 29 _____, Applicant

Form 10-7